

### **Direct Deposit Form Instructions:**

Please complete all sections of the form, sign, date, and return to the Human Resources Office. You must attach a valid VOIDED check to the form. **All forms should be returned to the HR Office** at least 2 weeks prior to the date you want your change to become effective.

**Example:** If you need your checking account information to change by Friday, September 2, 2005, then your completed, signed form with a voided check would need to be in the HR Office no later than Friday, August 19<sup>th</sup>, 2005.

Please contact the HR Assistant should you have questions or concerns.



## Arkansas Secretary of State Direct Deposit Form

Employee Name \_\_\_\_\_ Personnel Number \_\_\_\_\_

### BANK INFORMATION

Bank Name	
Bank Routing Number (9 Digit Number)	
Bank Account Number	
Account Type (Checking or Savings)	

### Employee Authorization:

I hereby authorize the HR Department of the Arkansas Secretary of State Office to deposit to my account indicated above the net amount I am due as if a warrant has been delivered to me for that amount. I also authorize the financial institutions above to credit the amount(s) to the account. Should an incorrect entry be made, the HR Department is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries. This authority is to remain in effect until I have notified my employer of the cancellation or change to my account. I understand that by having my payment(s) deposited in this manner, I will receive a direct deposit confirmation statement each payday from the HR Department. I further understand that my account information will be verified before payroll is processed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Official Signature

\_\_\_\_\_  
Date Entered